HHS Announces More than $70M in Grants to Address the Opioid Crisis

Health and Human Services Secretary Tom Price announced, on May 31, the availability of over $70 million over multiple years to help communities and healthcare providers prevent opioid overdose deaths and provide treatment for opioid use disorder.

"Putting an end to the opioid crisis ravaging our country is a top priority for President Trump and all of us at the Department of Health and Human Services," said HHS Secretary Tom Price. "We are committed to bringing everything the federal government has to bear on this health crisis. Building partnerships and providing resources to state and local governments as well as non-government organizations is absolutely critical to this effort. The purpose of these grants is to empower the heroes in this fight—the men and women on the forefront of supporting prevention, treatment, and recovery initiatives in their communities."

Money from two grant funding opportunities, recently authorized by the Comprehensive Addiction and Recovery Act (CARA), will expand access to lifesaving overdose reversal medications and train healthcare providers to refer patients to appropriate follow-up drug treatment. Funds from a third grant funding opportunity will provide $28 million for medication-assisted treatment of opioid use disorders.

The announcement follows a separate award of $485 million in grants in April—provided by the 21st Century Cures Act—to all 50 states, the District of Columbia, four U.S. territories, and Palau and Micronesia for opioid abuse prevention, treatment, and recovery. Administered through the Substance Abuse and Mental Health Services Administration (SAMHSA), these funds will be made available through the following three grants:

- **Medication-Assisted Treatment and Prescription Drugs Opioid Addiction:** Up to $28 million will be available to 5 grantees to increase access of medication-assisted treatment for opioid use disorder. Medication-assisted treatment combines behavioral therapy and FDA-approved medication.

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  - **Medication-Assisted Treatment and Prescription Drugs Opioid Addiction:** Up to $28 million will be available to 5 grantees to increase access of medication-assisted treatment for opioid use disorder. Medication-assisted treatment combines behavioral therapy and FDA-approved medication.

  - **First Responders:** Up to $41.7 million over 4 years will be available to approximately 30 grantees to train and provide resources for first responders and members of other key community sectors on carrying and administering an FDA approved product for emergency treatment of known or suspected opioid overdose.

  - **Improving Access to Overdose Treatment:** Up to $1 million will

(Continued on page 8)
The SAMHSA FY 2017 Budget Justification to Congress has provided additional detail, prompting our revision of this chart, published last week in the May 26 NASMHPD Weekly Update.

### Detailed Trump Administration FY 2018 Budget Proposal (Dollars in Millions)

<table>
<thead>
<tr>
<th>PROGRAM</th>
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<th>2018</th>
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### Department of Justice – Office of Justice Assistance

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<td>-$9.952</td>
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Web-Based HHS Federal Partners Integrated Care Meeting  
State of the Art: Research, Models, Promising Practices and Sustaining Integrated Care  
June 22 and 23, 2017

Over the years, models of integrated behavioral health and primary care have evolved. HHS recognizes the importance of addressing the integration of behavioral health and primary care, including person-centered care for adults living with mental illness – particularly serious mental illness, children and adolescents with serious emotional disturbance, and individuals with substance use disorders. Evidence-based integrated treatment and effective care coordination are key components for improving the health of people with multiple chronic conditions.

Along with host agencies, the Health Resources and Services Administration (HRSA) and the Substance Abuse and Mental Health Services Administration (SAMHSA), key partners and presenters include: the Agency for Healthcare Research and Quality (AHRQ), Centers for Medicaid and Medicare Services (CMS), Indian Health Services (IHS), the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the National Institute on Drug Abuse (NIDA), the National Institute of Mental Health (NIMH), the Office of the National Coordinator for Health Information Technology (ONC), and the Veterans’ Administration.

The event will highlight models of integrated care, key findings from the research community, examples of diverse grantee practices regarding service delivery, presentations by U.S. Department of Health and Human Services agencies, and a wide range of resources to support efforts to build integrated systems of care.

The Meeting is Free and Open to the Public

Register HERE to Receive Log-In Information

NASMHPD Annual 2017 Meeting  
Sunday, July 30 through Tuesday, August 1  
Renaissance Capitol View Hotel, 2800 S. Potomac Avenue, Arlington, Virginia  
(Rooms Available at Government Rate at the Renaissance Capitol View)

The 2017 NASMHPD Annual Meeting will run three full days, in collaboration with the NASMHPD Research Institute (NRI), and include a day of meetings for the NASMHPD Division representatives.

The NASMHPD Divisions include the Children, Youth and Families Division; the Financing and Medicaid Division; Forensic Division; the Legal Division; the Medical Directors Council; the Older Persons Division; and the Offices of Consumer Affairs (National Association of Consumer/Survivor Mental Health Administrators – NAC/SMHA).

The meeting will include extended time for State Mental Health Commissioners and Divisions to meet together as well as separately. There will also be a day with State Mental Health Commissioners and Divisions meeting together on NRI research data and initiatives that tie in with the Commissioners’ and Divisions’ priorities and concerns.

Registration for State Mental Health Commissioners: $600  
Registration for Additional State and/or Division Representatives: $400

Contact Yaryna Onufrey with any questions.
Free Webinar Opportunity
Coping with Stress and Depression
Tuesday, June 13, 7 p.m. to 8 p.m. E.T.

Designed for family caregivers, human resources managers, EAP professionals, and adults concerned about themselves or others, the webinar covers. Learn about:
- Practical ways to reduce the effects of stress from social media and news outlets
- How to recognize signs of depression
- What to do if you or someone you know is suffering from depression
- What resources are available to you and your family

Presenter: Mary McNaughton-Cassill, Ph.D., licensed psychologist and professor specializing in stress responses to news and media.

Can’t attend the live webcast? Register today and watch the recorded webinar later at your convenience.

Register HERE.

AESCHI 9
Suicide Across the Lifespan: Relational Models of Treatment

“I really felt that I have come home. Here. Finally. And it feels like we need this to grow in America, to counter the stigma of suicide, we need to talk about it everywhere.”

The biennial conference NOT to miss: AESCHI 2017
June 8-10, 2017, Vail, CO With world-renowned experts in clinical treatment of suicidal patients

Working with suicidal patients is tough.
World-renowned experts in clinical treatment of suicidality are here to help you.

Join with global leaders to improve clinical treatment of suicidal people across the lifespan. Filling fast! Act today to be among only 120 attendees at this landmark limited-participant conference.

Call Mayo Clinic School of Professional Development at 507-284-2509 for registration info or

Register HERE. Earn 18.75 AMA PRA Category 1 Credits!

Center for Trauma-Informed Care
NASMHPD oversees the SAMHSA National Center for Trauma Informed Care (NCTIC). NCTIC offers consultation, technical assistance (TA), education, outreach, and resources to support a revolutionary shift to trauma-informed care across a broad range of publicly-funded service systems, including systems providing mental health and substance abuse services, housing and homelessness services, child welfare, criminal justice, and education.

For more information on these trainings, please contact jeremy.mcshan@nasmhpd.org.
Facebook Partners with the Trevor Project to Help Prevent LGBTQ Youth Suicides

Facebook has been developing tools and resources to promote a safer online platform for its community of over 2 billion users.

In recognition of National Mental Health Awareness month, Facebook announced May 16 that it has partnered with the Trevor Project—the leading national organization committed to providing crisis intervention and suicide prevention to lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth and young adults. To foster a safe online community for LGBTQ youth, Facebook will launch a project in the next few months where users can directly message the Trevor Project for mental health resources and support.

According to the Centers for Disease Control and Prevention’s (CDC) Youth Risk Behavior 2015 data measuring high-risk health-related behaviors among lesbian, gay, and bisexual high school students: 43 percent of LGB high school students seriously considered suicide; 38 percent made a suicide plan; and nearly 30 percent attempted suicide. The CDC data also revealed that LGB students are four times greater than their heterosexual counterparts to have a suicide attempt severe enough to require medical attention. Furthermore, LGB students are three times more likely to experience physical and sexual violence than their peers.

Facebook also collaborates with the Crisis Text Line, the National Eating Disorder Association, the National Suicide Prevention Lifeline, and Partnership for Drug-Free Kids in providing mental health and crisis support through its messaging app. Through these partnerships, Facebook in 2016 developed tools, support groups and the ability for users to flag posts related to self-harm. Facebook is also testing a pattern recognition system that uses artificial intelligence to identify posts demonstrating suicidal thoughts or self-harm.

Given some recent media backlash to users live-streaming their suicide attempts, Facebook founder Mark Zuckerberg posted, “If we’re going to build a safe community, we need to respond quickly. We’re working to make these videos easier to report so we can take the right action sooner—whether that’s responding quickly when someone needs help or taking a post down.” Zuckerberg announced the hiring of additional 3,000 employees to review and moderate videos.

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SAMHSA Funding Opportunity Announcement

Cooperative Agreements to Implement Zero Suicide in Health Systems (SM-17-006)

<table>
<thead>
<tr>
<th>Application Due Date:</th>
<th>Tuesday, July 18, 2017</th>
<th>Length of Project:</th>
<th>Up to 5 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticipated Total Available Funding:</td>
<td>$7.9 million ($2 million for tribes and tribal organizations)</td>
<td>Anticipated Award Amount:</td>
<td>Up to $700,000/year</td>
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<tr>
<td>Anticipated Number of Awards:</td>
<td>Up to 13</td>
<td>Cost Sharing/Match Required?</td>
<td>No</td>
</tr>
</tbody>
</table>

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), is accepting applications for fiscal year (FY) 2017 Cooperative Agreements to Implement Zero Suicide in Health Systems (Short Title: Zero Suicide). The Zero Suicide model is a comprehensive, multi-setting approach to suicide prevention in health systems. The purpose of this program is to implement suicide prevention and intervention programs, for individuals who are 25 years of age or older, that are designed to raise awareness of suicide, establish referral processes, and improve care and outcomes for such individuals who are at risk for suicide. Grantees will implement the Zero Suicide model throughout their health system.

Health systems that do not provide direct care services may partner with agencies that can implement the Zero Suicide model. For communities without well-developed behavioral health care services, the Zero Suicide model may be implemented in Federally Qualified Health Centers or other primary care settings.

**Eligibility** - Eligible applicants are statutorily limited to:
- States, District of Columbia, and U.S. Territories health agencies with mental health and/or behavioral health functions;
- Indian tribe or tribal organization (the term ‘Indian tribe’ and ‘tribal organization’ are defined in § 4 of the Indian Self-Determination and Education Assistance Act.);
- Community-based primary care or behavioral health care organizations;
- Emergency departments; or
- Local public health agencies.

**Contacts:**
- Program Issues: James Wright, LCPC, Suicide Prevention Branch, Center for Mental Health Services, by email or at 240-276-1854
- Grants Management and Budget Issues: Gwendolyn Simpson, Office of Financial Resources, by email or at 240-276-1408

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[Image of Facebook Partners with the Trevor Project]
NIMH Grantee Karl Deisseroth Wins Coveted Fresenius Foundation Award

Karl Deisseroth, M.D., Ph.D., of Stanford University, has been awarded one of science’s most generous prizes.

A German foundation presented the inventor of technologies that are transforming neuroscience with its 4-million Euro Fresenius Prize on May 31. In bestowing the honor, the Else Kröner Fresenius Foundation cited his development of optogenetics, hydrogel-tissue techniques such as CLARITY, and “circuit-level insight into depression” — all made possible by NIMH grants to Dr. Deisseroth since 2004.

“NIMH funding afforded Deisseroth and his team the freedom to take risks — and these bets have paid off,” explained NIMH director Joshua Gordon, M.D., Ph.D. “Their pioneering development of multiple innovative methods incorporating quantitative disciplines, particularly engineering, have, in just the past decade, changed the way thousands of neuroscientists study brain circuitry every day. Their focus on developing such new tools is widely credited with inspiring the NIH BRAIN Initiative.”

Dr. Deisseroth implores scientists to “communicate to the broader public that any specific goal of a research portfolio — be it disease treatment or national interest — is best served with a major basic research component, where direct links between research and goal are not known, or even knowable.”

The Foundation awards the Fresenius Prize every 4 years, each time in a different area of biomedical science. The winner personally receives .5 million euros, with 3.5 million earmarked for the lab’s future research.

Deisseroth is a psychiatrist who regularly sees patients, as well as a neuroscientist.

Addiction Policy Forum Webinar Opportunity

Alternatives to Incarceration for Individuals with Substance Use Disorders
Friday, June 9, 2 p.m. to 3 p.m.

For at least the last decade, criminal justice policymakers and practitioners have been testing “Alternatives to Incarceration” as a way to ease jail overcrowding, meet the needs of people in a mental health crisis, provide access to services for a variety of behavioral health issues, and keep families intact while the accused is going through due process.

This webinar explores the evolution of these efforts, with a specific focus on the latest crisis facing our criminal justice and public health systems: The Opioid Overdose Crisis. We will look at several models of police and prosecutorial diversion/deflection that have proven to be effective.

The webinar will:
1) Review framing concepts of alternatives to incarceration and pre-arrest diversion
2) Present various ways law enforcement and prosecutors are responding to substance use disorders, particularly in the fact of the opioid crisis
3) Discuss benefits of such initiatives in reducing recidivism
4) Present a framework for creating a diversion program

Presenters:
- Phillip Barbour, Master Trainer, Center for Health and Justice at Treatment Alternatives for Safe Communities (TASC)
- Jac Charlier, National Director for Justice Initiatives, Center for Health and Justice at TASC

Register HERE
2017 HCBS Conference Registration is Now Open

Join us for the National Home and Community Based Services (HCBS) Conference held in Baltimore, MD, August 28 to August 31.

The HCBS Conference offers a unique blend of policy, program, and practice issues for professionals interested in home and community based services for individuals of all abilities and in all settings. Quickly becoming the "go-to" conference for learning in the expanding field of HCBS and long-term services and supports, the Conference allows states to share best practices, present unique partnerships, and recognize the work of their peers.

The National HCBS Conference will include federal, state, and local policymakers and those who administer, manage, and deliver waiver and other HCBS programs. The Conference always sees a strong presence from U.S. Health and Human Services ranging from the Administration for Community Living, including the Administration on Aging, the Administration on Disabilities, and the Administration on Intellectual and Developmental Disabilities, to the Centers for Medicare and Medicaid Services, the Health Resources and Services Administration, the Substance Abuse and Mental Health Services Administration, and other federal agencies.

[Click here](#) to learn more about the conference and register!

**REGISTER TODAY**

**Sponsorship Opportunities**

Gain visibility at the premier event for professionals who work within the field of home and community-based services, the National HCBS Conference draws over 1,300 participants, and puts your brand in front of targeted and influential professionals.

The exhibit hall is a major attraction where our participants come to learn about products and services and to network with industry leaders. Exhibiting will give you access key influencers and leaders working to improve HCBS programs throughout the country.

[Click here](#) to learn more about sponsorship and exhibiting opportunities.

NASUAD | [www.nasuad.org](http://www.nasuad.org) | [www.hcbsconference.org](http://www.hcbsconference.org)

National Association of States United for Aging and Disabilities, 1201 15th St. NW, Suite 350, Washington, DC 20005

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**SAMHSA’s Center for Mental Health Services Names Dr. Justine Larson as Senior Medical Advisor**

The Substance Abuse and Mental Health Services Administration’s Center for Mental Health Services announced May 25 that child and adolescent psychiatrist Justine Larson has been named to the new post of Senior Medical Advisor.

Dr. Larson, who will join CMHS this September, will apply her medical and clinical expertise in programs to support services for people with serious mental illness and serious emotional disturbances to help formulate public health policy initiatives and provide clinical expertise to senior leaders and program staff. She will work closely with SAMHSA’s Chief Medical Officer, Dr. Anita Everett, and across federal departments and agencies, to ensure federal coordination in the provision of effective treatment and services for people with serious mental illnesses.

Dr. Larson is board-certified in adult psychiatry, child and adolescent psychiatry, and neurology and obtained her undergraduate degree from Columbia College with a major in Women and Gender Studies. She received her medical degree from Harvard Medical School, a master’s degree in public health from the Harvard School of Public Health, and a master’s degree in health sciences from the Bloomberg School of Public Health at Johns Hopkins University. She trained in adult psychiatry at the Harvard Longwood residency program, and completed her training in child and adolescent psychiatry at Johns Hopkins University School of Medicine.
HHS Announces More Than $70 million in Grants to Address the Opioid Crisis

(Continued from page 1)

be available over 5 years to one grantee to expand availability to overdose reversal medications in healthcare settings and to establish protocols to connect patients who have experienced a drug overdose with appropriate treatment.

“The grants we announce today clearly demonstrate our efforts to meet the opioid crisis with every tool at our disposal,” said SAMHSA Acting Deputy Assistant Secretary Kana Enomoto. “The evidence-based training, medication, and behavioral therapies provided here will save lives and help people with addictions start a path toward reaching their potential.”

Additionally, on May 4, SAMHSA released two other Comprehensive Addiction and Recovery Act-related funding opportunities. These funding opportunities will be open through July 3, 2017:

- **State Pilot Grant Program for Treatment for Pregnant and Postpartum Women:** Up to $3.3 million to support a range of family-based services for pregnant and postpartum women with substance use disorder.
- **Building Communities of Recovery:** Up to $2.6 million to mobilize resources within and outside of the recovery community to increase the prevalence and quality of long-term recovery support from substance abuse and addiction.

HHS has outlined five specific strategies to combat the ongoing opioid crisis: strengthening public health surveillance, advancing the practice of pain management, improving access to treatment and recovery services, targeting availability and distribution of overdose-reversing drugs, and supporting cutting-edge research. With the completion of the fiscal year 2017 spending package passed by Congress, HHS moved quickly to announce these funding opportunities, which will be critical in improving access to treatment and recovery services as well as targeting availability and distribution of overdose-reversing drugs.

**HOW TO APPLY:**

The funding opportunity announcements can be found at [SAMHSA’s 2017 grant announcements page](https://www.samhsa.gov/sci/2017grantannouncements). Applicants with questions about program issues should contact the program person listed in the funding announcement. The deadline to apply may differ depending on the funding announcement. For questions on the announced grants, see the contacts on the FOAs in the box below.

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**SAMHSA FUNDING OPPORTUNITY ANNOUNCEMENTS (FOA)**

### State Pilot Grant Program for Treatment for Pregnant and Postpartum Women (TI-17-16)

- **Application Due Date:** Monday, July 3, 2017
- **Anticipated Number of Awards:** 3
- **Length of Project:** Up to 3 years
- **Anticipated Total Available Funding:** $3,300,000
- **Anticipated Award Amount:** Up to $1,100,000
- **Cost Sharing/Match Required?** No

**Eligibility:** Single State Agencies for Substance Abuse

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) is accepting applications for fiscal year (FY) 2017 Comprehensive Addiction and Recovery Act of 2016, State Pilot Grant Program for Treatment for Pregnant and Postpartum Women (Short Title: PPW-PLT). The purpose of the program is to enhance flexibility in the use of funds designed to: 1) support family-based services for pregnant and postpartum women with a primary diagnosis of a substance use disorder, including opioid disorders; 2) help state substance abuse agencies address the continuum of care, including services provided to women in nonresidential-based settings; and 3) promote a coordinated, effective and efficient state system managed by state substance abuse agencies by encouraging new approaches and models of service delivery. SAMHSA seeks to: 1) reduce the abuse of alcohol and other drugs; 2) increase engagement in treatment services; 3) increase retention in the appropriate level and duration of services; and 4) increase access to the use of medications approved by the Food and Drug Administration in combination with counseling for the treatment of drug addiction.

**Contacts:** Program Issues: Linda White-Young, LICSW, Center for Substance Abuse Treatment (CSAT), SAMHSA, 240-276-1581

### Targeted Capacity Expansion: Medication Assisted Treatment - Prescription Drug and Opioid Addiction (MAT-PDOA) (TI-17-017)

- **Application Due Date:** Monday, July 31, 2017
- **Anticipated Number of Awards:** Up to 5 awards
- **Length of Project:** Up to 3 years
- **Anticipated Total Available Funding:** $28 million
- **Anticipated Award Amount:** Up to $2 million per year
- **Cost Sharing/Match Required?** No

**Eligibility:** Single State Agencies for Substance Abuse

The purpose of this program is to expand/enhance access to medication-assisted treatment (MAT) services for persons with an opioid use disorder seeking or receiving MAT. Eligibility is limited to the 17 states with the highest rates of admissions, as identified by the 2014 TEDS data, including those that have demonstrated a dramatic increase in admissions for the treatment of opioid use disorder. FY 2015 MAT-PDOA grantees funded under announcement TI-15-007 and FY 2016 MAT-PDOA grantees funded under announcement TI-16-014 are not eligible to apply for this program. The desired outcomes include: 1) an increase in the number of admissions for MAT; 2) an increase in the number of clients receiving integrated care/treatment; 3) a decrease in illicit opioid drug use at six-month follow-up; and 4) a decrease in the use of prescription opioids in a non-prescribed manner at six-month follow-up.

**Contacts:** Program Issues: Kim Thierry, Public Health Advisor, Div. of Services Improvement, CSAT, SAMHSA, by email or at 240-276-2907

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1. Alabama, California, Delaware, Florida, Georgia, Maine, Michigan, Minnesota, Nebraska, Nevada, New York, North Dakota, Ohio, Pennsylvania, South Dakota, Tennessee, Utah
Technical Assistance on Preventing the Use of Restraints and Seclusion

For more than 10 years, NASMHPD has been contracted by the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide technical assistance and support to facilities committed to preventing the use of restraint and seclusion.

The National Center for Trauma Informed Care and Alternatives to Restraint and Seclusion offers on-site staff training and technical support to implement trauma-informed, strength-based approaches to prevent aversive interventions. Our in-house team and national consultants have many years of public hospital experience, both clinically and personally. This assistance is funded by SAMHSA and at no cost to your state.

To Apply for Technical Assistance, Click Here:
We look forward to the opportunity to work together.

NASMHPD Early Intervention in Psychosis (EIP) Virtual Resource Center

In the spring of 2015, NASMHPD launched an Early Intervention in Psychosis (EIP) virtual resource center, which was made possible through the generous support of the Robert Wood Johnson Foundation (RWJF). The intent of the EIP site is to provide reliable information for practitioners, policymakers, individuals, families, and communities in order to foster more widespread understanding, adoption and utilization of early intervention programming for persons at risk for (or experiencing a first episode of) psychosis. The site includes information from the national RWJF-funded demonstration to identify and prevent the onset of psychotic illness – the Early Detection and Intervention for the Prevention of Psychosis Program (EDIPPP) – as well as a variety of other early intervention initiatives.

EIP is designed to provide an array of information through a consolidated, user-friendly site; and it is updated on a periodic basis. To view the EIP virtual resource center, visit NASMHPD's EIP website.

Department of Health and Human Services Launches Multi-Part Video Series
I Am HHS, Spotlighting Employees and their Commitment to the Agency Mission

The Department of Health and Human Service (HHS) has launched a new multi-part video series featuring employee stories of service, dedication, and discovery. The campaign, called I Am HHS, shines a spotlight on individuals and their commitment to the HHS mission.

The first employee story highlights Rachel Kaul, LCSW, CTS, the Senior Policy Analyst/Behavioral Health Team Lead within the Office of the Assistant Secretary for Preparedness and Response. In her interview, Rachel mentions the pride she has working in this field. HHS is proud of her achievements and thinks this would be a great story to share with your staff and association members!

Watch and Read Rachel’s Story – #IAmHHS: Putting Policy to Work on the Ground (Video/Blog)
Share Rachel’s Story with Staff and Association Members (e.g., social media, email newsletter, website, etc.)
Sample Language for Distribution

Disaster mental health expert, Rachel Kaul, found her calling in trauma work, joining ride-alongs with first responders and working in the ER. It eventually led her to volunteer on September 11, 2001 and work at @PHEGov. Learn more about her #IAmHHS story at https://go.usa.gov/xNbY2.

"This work is about humanity, compassion and meaning." – Rachel Kaul, @PHEGov employee and disaster mental health expert. Watch her inspiring #IAmHHS story → https://go.usa.gov/xNbY2.

SAMHSA-SPONSORED WEBINAR OPPORTUNITY
Social Determinants of Mental Health across the Lifespan
Wednesday, June 7, 3 p.m. to 4 p.m. E.T.
Presented by Advocates for Human Potential

Health and well-being start with a person's environment, including the social, economic, and physical conditions in which they live.

In this webinar, Dr. Ruth Shim, explores the definition of social determinants of mental health and the actions that can be taken to address those social determinants.

Following the webinar, participants will be able to:
• Define and describe the social determinants of mental health.
• Identify evidence for two specific social determinants of mental health.
• Recognize actions that people can take across the lifespan to address the social determinants of mental health.

Register HERE
State Technical Assistance Available from the State Mental Health Technical Assistance Project (Coordinated by NASMHPD with SAMHSA Support)

NASMHPD coordinates a variety of SAMHSA-sponsored technical assistance and training activities under the State TA Project.

To Request On-site TA: States may submit requests for technical assistance to the on-line SAMHSA TA Tracker, a password-protected system. All of the Mental Health Directors/Commissioners are authorized to use this system, and Commissioners can give authorization to other SMHA staff as well. Once in this system, the user will be asked to identify the type of TA that is being sought, the audience, and the goals the state is seeking to address via the support.

On average, a given TA project includes as many as 10 days of consultant time (including prep and follow-up), along with coverage of consultant travel to your state.

The log-in for the Tracker is: [http://tatracker.treatment.org/login.aspx](http://tatracker.treatment.org/login.aspx). If a state has forgotten its password or has other questions about accessing the Tracker system, the Commissioner or authorized user can send an e-mail to: tattracker@treatment.org.

Note that technical assistance under this project cannot be specifically focused on institutional/hospital-based settings.

For answers to other questions, contact your CMHS State Project Officer for the Mental Health Block Grant, or NASMHPD’s Pat Shea by email or at 703-682-5191.

Technical Assistance Products for Services to Persons Experiencing a First Episode of Psychosis

With support from the Center for Mental Health Services, NASMHPD and NRI have developed a second set of technical assistance materials that address issues with programming for individuals experiencing a first episode of psychosis. The products are listed below.

- **Policy Brief:** *The Business Case for Coordinated Specialty Care for First Episode Psychosis*
- **Toolkits:** *Supporting Full Inclusion of Students with Early Psychosis in Higher Education*
  - Back to School Toolkit for Students and Families
  - Back to School Toolkit for Campus Staff & Administrators
- **Fact Sheet:** *Supporting Student Success in Higher Education*
- **Web Based Course:** *A Family Primer on Psychosis*
- **Brochures:** *Optimizing Medication Management for Persons who Experience a First Episode of Psychosis*
  - Shared Decision Making for Antipsychotic Medications – Option Grid
  - Side Effect Profiles for Antipsychotic Medication
  - Some Basic Principles for Reducing Mental Health Medicine
- **Issue Brief:** *What Comes After Early Intervention?*
- **Issue Brief:** *Age and Developmental Considerations in Early Psychosis*
- **Information Guide:** *Snapshot of State Plans for Using the Community Mental Health Block Grant (MHBG) Ten Percent Set-Aside for Early Intervention Programs (as of September 2016)*
- **Information Guide:** *Use of Performance Measures in Early Intervention Programs*

These products are in addition to those that were developed last year as well as other materials on first episode programming. They can be obtained at [http://www.nasmhpd.org/content/information-providers](http://www.nasmhpd.org/content/information-providers). Any questions or suggestions can be forwarded to either Pat Shea ([Pat.shea@nasmhpd.org](mailto:Pat.shea@nasmhpd.org)) or David Shern ([David.shern@nasmhpd.org](mailto:David.shern@nasmhpd.org)).
What States Would Have to Spend to Maintain Medicaid Programs at Current Levels Under the AHCA
Vernon K. Smith, *Health Affairs Blog*, May 17, 2017

Percent spending increase

- 2017: 1%
- 2018: 8%
- 2019: 11%
- 2020: 23%
- 2021: 30%
- 2022: 33%
- 2023: 36%
- 2024: 37%
- 2025: 37%
- 2026: 37%
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NASMHPD Links of Interest

CALL FOR NOMINATIONS OF THE 14 NON-FEDERAL PUBLIC MEMBERS ON THE INTERDEPARTMENTAL SERIOUS MENTAL ILLNESS COORDINATING COMMITTEE (ISMICC). Federal Register, May 24 (Nominations Due TODAY)

PROJECTING DEMAND FOR THE SERVICES OF PRIMARY CARE DOCTORS: WORKING PAPER 2017-03. Congressional Budget Office, May 26

STATES CHALLENGED TO REPLACE FEDERAL MEDICAID CUTS, Healthcare Financial Management Association Business News, May 26

SUMMARIES OF FISCAL YEAR 2018 PROPOSED EXECUTIVE BUDGETS, National Association of State Budget Officers, April 5

MEDICAID ROUNDTABLE: A DISCUSSION AMONG STATES, National Association of State Budget Officers, May 22

MEDICAL MARIJUANA AND MENTAL HEALTH: CANNABIS USE IN PSYCHIATRIC PRACTICE, Fichtner CG and Moss HB, Psychiatric Times, May 31

SAMHSA ADVISORY: SUBLINGUAL AND TRANSMUCOSAL BUPRENORPHINE FOR OPIOID USE DISORDER: REVIEW AND UPDATE, Substance Abuse and Mental Health Services Administration, Winter 2016

PEER SUPPORT TOOLKIT, Philadelphia Department of Behavioral Health and Intellectual disability Services,

CAN STATES SURVIVE THE PER CAPITA MEDICAID CAPS IN THE AHCA?, Vernon K. Smith, Health Affairs Blog, May 17